

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047186

1. Entity Name

BAHIA MOLD CORPORATION

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90026 026 ***150.00

Principal Place of Business

Mailing Address

1449 ATLANTIC SHORES BLVD
HALLANDALE FL 33009

1449 ATLANTIC SHORES BLVD
HALLANDALE FL 33323-5226

2. Principal Place of Business

3. Mailing Address

1530 N.W. 124 TERRACE

1530 NW 124 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

20-302

20-302

City & State

City & State

SUNRISE FL

SUNRISE FL

Zip

Country

Zip

Country

33323

USA

33323

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0842482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GABERT, SIEGFRIED
1449 ATLANTIC SHORES BLVD
HALLANDALE FL 33009

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Siegfried Gabert

2-13-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SIEGFRIED, GABERT
STREET ADDRESS 1449 ATLANTIC SHORES BLVD.
CITY-ST-ZIP HALLANDALE FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME SIEGFRIED GABERT
STREET ADDRESS 1530 N.W. 124 TERRACE - 20-302
CITY-ST-ZIP SUNRISE FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Siegfried Gabert
SIEGFRIED GABERT
President

Date

Daytime Phone #

2-13-00

835-1366
(954) 835-1366